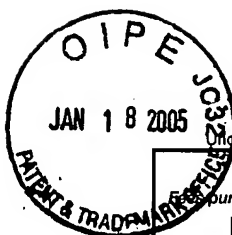


|   |   |  |                         |
|---|---|--|-------------------------|
| <b>REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |   | <b>Docket Number (Optional)</b><br>CTCH-P01-013  |                         |
| Application Number 10/021312  |   | Filed December 19, 2001  |                         |
| For COMPOSITIONS CONTAINING INCLUSION COMPLEXES   |   |  |                         |
| Art Unit 1621   |   | Examiner K. J. Puttlitz  |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |  |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |  |                         |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u> |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))   | \$120  | \$60                    |
| <input checked="" type="checkbox"/>   | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225                   |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510                   |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795                   |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080                  |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status. See 37 CFR 1.27.  |  |                         |
| <input type="checkbox"/>  | A check in the amount of the fee is enclosed.   |  |                         |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                         |
| <input checked="" type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                         |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> . I have enclosed a duplicate copy of this sheet. |  |                         |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                         |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                         |
|   | <input type="checkbox"/>  | attorney or agent of record. Registration Number _____   |                         |
|   | <input checked="" type="checkbox"/>   | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>44,735</u>                        |                         |
| _____<br>Signature  |   | _____<br>January 13, 2005<br>Date  |                         |
| _____<br>David P. Halstead<br>Typed or printed name   |   | _____<br>(617) 951-7615<br>Telephone Number  |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |  |                         |
| <input type="checkbox"/>  | Total of <u>1</u> forms are submitted.  |  |                         |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/13/05 Signature: Patricia McKenney (Patricia McKenney)



|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                   |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 10/021312         |
|   |  | Filing Date              | December 19, 2001 |
|   |  | First Named Inventor     | Suzie Hwang Pun   |
|   |  | Examiner Name            | K. J. Puttlitz    |
|   |  | Art Unit                 | 1621              |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27             |  | Attorney Docket No.      | CTCH-P01-013      |
| <b>TOTAL AMOUNT OF PAYMENT</b>  |  | <b>(\$)</b>              | <b>225.00</b>     |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 18-1945      Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                  |                 |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 20 = _____   | x _____             | = _____         |                      |                                  |                 |                      |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| _____ - 3 = _____    | x _____             | = _____         |                      |                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets        | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--|----------|---------------|
| _____ - 100 = _____ | /50          | _____ (round up to a whole number) x _____       | = _____  |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

|                     |                   |                                   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                  |
| Signature           |                   | Registration No. (Attorney/Agent) | 44,735           |
| Name (Print/Type)   | David P. Halstead | Telephone                         | (617) 951-7615   |
|                     |                   | Date                              | January 13, 2005 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/13/05      Signature: (Patricia McKenney)